

STANDARD CERTIFICATE OF DEATH

33879

STATE FILE NUMBER

8120

FILED SEP 17 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR Yes <input type="checkbox"/> No <input type="checkbox"/> TOWN				c. CITY OR TOWN St. Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTE St. Louis 4454 Enright				d. STREET ADDRESS (If outside, give location) Reside on Farm 4454 Enright Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First JOAN Middle B. Last MILLER				4. DATE OF DEATH Month 8 Day 28 Year 57			
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 3/3/1882	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Schools		11. BIRTHPLACE (City and state or country) St. Louis Public Cadiz, Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Sylvester Miller				14. MOTHER'S MAIDEN NAME Mary Ellen Kruse			
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT Vina Bryant		Address 4454 Enright	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Thyroid and melanosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinomatosis DUE TO (c) Ca of head of pancreas PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) CO2XH							INTERVAL BETWEEN ONSET AND DEATH many months
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) —	
20c. TIME OF INJURY Hour — Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) —		20f. CITY, TOWN, OR LOCATION —		COUNTY — STATE —	
21. I attended the deceased from 8-1-56 to 8-27-57 and last saw her alive on 8-27-57 Death occurred at approx 11:30 a m on the date stated above; and to the best of my knowledge, from the causes stated							
22a. SIGNATURE (Degree or title) Thomas H. Robinson, M.D.				22b. ADDRESS 916 North Taylor		22c. DATE SIGNED 8-29-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 8/30/58		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County Missouri	
24. FUNERAL DIRECTOR Charles J. Gates				ADDRESS 4107 Finney		25. DATE RECD. BY LOCAL REG. AUG 30 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. S.P.							

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 1876

P. O. Address...4107...Finnd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitute's grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.